

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000111201

**Entity Name:** C.Q. INSULATION, INC.**Current Principal Place of Business:**8806 VENTURE COVE  
TEMPLE TERRACE, FL 33637**Current Mailing Address:**8806 VENTURE COVE  
TEMPLE TERRACE, FL 33637**FEI Number:** 20-0289994**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ERVIN, JOHN L  
8806 VENTURE COVE  
TAMPA, FL 33637 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name ERVIN, JOHN L  
Address 2518 W SIMMS  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name WINN, GEORGE G  
Address 92 ADALIA AVE  
City-State-Zip: TAMPA FL 33606

Title ST  
Name ERVIN, KATHY A  
Address 2518 W SIMMS  
City-State-Zip: TAMPA FL 33609

Title CFO  
Name FLUHARTY, THOMAS  
Address 8806 VENTURE COVE  
City-State-Zip: TAMPA FL 33637

Title PRESIDENT  
Name WINN, MATTHEW W  
Address 8806 VENTURE COVE  
City-State-Zip: TEMPLE TERRACE FL 33637

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN L. ERVIN

DIRECTOR, CHAIRMAN

01/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date